

NC ME Report: December 2011

New Death Certification Legislation

On October 1, 2011, new legislation went into effect, SESSION LAW 2011-197 HOUSE BILL 331, that allows physician's assistants and nurse practitioners to sign "regular" death certificates. It is hoped that this will prevent natural deaths from defaulting to the Medical Examiner system solely to provide a death certificate when the physician supervising one of these physician extenders refuses to certify the death.

Guideline Highlight

Please review the following ME guideline—many medical examiners have fallen into the bad habit of not viewing bodies over which they have assumed jurisdiction, and this behavior defeats a main purpose of the medical examiner system:

5. The ME must personally view every dead body over which s/he assumes jurisdiction.

The body should be critically inspected, including the back, both before and after removal of clothing. The ME must be alert for signs of violence, trauma, poisoning, etc. Obtaining a medical and social history of the decedent to help explain the cause and manner of death is a basic part of the investigation. S/he must be satisfied that any signs of injury are consistent with the history presented, and that when the death is thought to be from natural causes that no discordant evidence of injury is present. Consultation with law enforcement agencies is to be obtained in all relevant deaths. In some instances a ME may be asked to investigate a death after a body has been buried or cremated. Viewing of the body will, of course, be impossible and the investigation will be limited to a historical review of the circumstances of death and whatever observations about the body were made at the time. The ME should indicate that the body was not viewed and why, but go ahead and send in a report of investigation and prepare a ME death certificate.

Infant/Child Death Investigation

When you are contacted to investigate the sudden and unexpected death of an infant or child, please immediately contact the appropriate law enforcement agency so that its investigation into the death can be undertaken without delay. You should also contact local DSS to determine whether the child and/or his or her family are clients, and to inform DSS that the child has died. If other children are in the home, DSS will need to take prompt protective action, and they may also be able to provide you with important investigative information.

“Unattended” Deaths

Law enforcement or EMS personnel may contact you about a natural death that occurred at home or other cases that clearly or most probably do not fall under ME jurisdiction. If the person was under the care of a physician for a potentially life-threatening illness, the treating physician is responsible for signing the death certificate. This includes patients being treated by the Veterans Administration Hospitals. This process is facilitated by the funeral home. Similarly, the next of kin may not be available to designate a funeral home where the body can be transported. Cases like this cannot be covered under ME jurisdiction and the State cannot be financially responsible for moving the body. “Temporary ME jurisdiction” to allow moving the body is not an option. Advise the caller that by law, you cannot authorize removal of the body or accept jurisdiction. Please see the attached letter being sent to county managers that addresses body storage for both ME and non-ME cases.

Body Transport

Whenever possible, please remember to alternate transporters, both for body transport within your county as well as from your county to regional pathology centers for autopsy. A county may have several good transporters on contract, and they should all be used if they are available.

Investigation Report and Death Certificate Paperwork Refresher

- The medical examiner has 3 days to complete a death certificate so that the funeral home can file it within the mandated 5 days. It is most helpful to families and Vital Records to certify the ME/certifier sections as completely as possible, as soon as possible. This can help the family settle the estate faster and may save the time and expense of generating a supplemental death certificate. The lack of prompt certification is most noticeable in homicide cases—there is hardly ever a reason to leave an obvious cause and manner of death as “pending.” “Pending” should be used when the case is pending toxicology after an autopsy, and in cases of sudden unexpected infant death.
- The medical examiner is responsible for these sections of the death certificate: 1, 2, 3, 9a, b and e, Part I 20a-b, 21a-c, 22a-g, 23a-b, and 24a-b. The date pronounced dead must be the same as or after the date of death. Also, make sure that the date of death on the death certificate is the same as the date of death on your ME Report.
- Please do not add the decedent’s social security number to the ‘Report of Investigation by Medical Examiner’ form since this is a public record that is easily obtained by request and provided free of charge.
- You must complete the narrative summary (page 4) of the ‘Report of Investigation by Medical Examiner’ form rather than referring the reader to any attached data, notes, or medical records. The OCME cannot send this additional information out as part of the public record ME report, and without the narrative, the form lacks important information. It is best for the county ME to obtain these records, review them, distill them, and summarize this information into the narrative summary. Please retain the records in your files (no need to send them to the OCME after you have done this work) along with copies of your ME report and death certificate.

Pathologist Staff:

Chief Medical Examiner

Deputy Chief Medical Examiner

Associate Chief Medical Examiner

Associate Chief Medical Examiner

Associate Chief Medical Examiner

Assistant Chief Medical Examiner

Assistant Chief Medical Examiner

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Lanier M. Cansler, Secretary

Jeffrey P. Engel, MD, State Health Director
Deborah L. Radisch, MD, MPH, Chief Medical Examiner

December 15, 2011

To: County Managers

From: Deborah L. Radisch, MD, MPH 
Chief Medical Examiner

Re: Body storage

In 2007, an addition to the medical examiner (ME) statutes was made (see below, in bold):

§ 130A381. Additional services and facilities.

In order to provide proper facilities for investigating deaths as authorized in this Part, the Chief Medical Examiner may arrange for the use of existing public or private laboratory facilities. **Each county shall provide or contract for an appropriate facility for the examination and storage of bodies under Medical Examiner jurisdiction.** The Chief Medical Examiner may contract with qualified persons to perform or to provide support services for autopsies and other studies and investigations. (1967, c. 1154, s. 1; 1973, c. 476, s. 128; 1983, c. 891, s. 2; 2007187, s. 5.)

The technical change to the statute was intended to clarify the role the county shares with the state in death investigation. Historically, under the coroner system that preceded the medical examiner system, the county provided a facility suitable for temporary storage of bodies. The county's responsibility for such a facility continued as the state transitioned to the medical examiner system. Each county through its governmental structure and local health department was and is expected to provide a facility where bodies can be stored pending a decision on death investigation, examination by the medical examiner, transportation to an autopsy facility, notification of next of kin, or arrangements for final disposition. The facility would be used for deaths under ME jurisdiction as well as natural deaths that do not fall under ME jurisdiction.

Based on interactions with many different agencies over the past year, few counties are aware of this. The objective of this letter is to bring this legislation to your attention and urge your compliance with it.

In many counties, hospitals have served as the place where ME bodies can be taken and held until they are examined by the ME and then released to the next of kin. ME rules permit hospitals to assess the state a fee of \$40.00 when a county medical examiner orders a body taken to the hospital and later examines the body in that facility.

10A NCAC 44 .0204 Hospital Fee

A fee of forty dollars (\$40.00) is paid by the state to a hospital when a county medical examiner orders a body taken to the hospital and later examines the body in that facility. No payment is due a hospital when an autopsy is performed in that facility. No payment is due when the county medical examiner utilizes a hospital emergency room or other hospital facility for examination of a body transported to the hospital for examination.

However, many counties do not have a hospital, or the hospital is not willing or able to provide this space. In these counties, a funeral home with a cooler might be an appropriate option, with the county contracting with the funeral home to compensate that establishment for the short-term use of their facility. In the rest of the counties, none of these may be an option and other arrangements must be made.

In addition, there are many cases when a death clearly or most probably does not fall under ME jurisdiction; however, the next of kin is not immediately available to instruct where the body is to be transported. These cases cannot be covered under ME jurisdiction. In some of these counties, EMS and/or law enforcement is often detained at the scene of death, waiting for next of kin or the attending physician to be identified and contacted, wasting valuable county emergency resources. Even though this is not a ME system responsibility, I would encourage you to make similar facility and payment arrangements for these cases--in other words, establish a county morgue for all deaths.

I propose a deadline of June 1, 2012 for all counties to have this in place. Please contact Patricia Barnes at pat.barnes@dhhs.nc.gov with your designated facility so that we can quickly and correctly provide the appropriate information to callers requesting it.